

CONTINUING DISCLOSURE GENERAL MATTERS

Form of Specific Issuance Information

General Information

Security Name _____

Principal Amount _____

Dated Date _____

Maturity Date _____

Professional Role	Firm Name	Primary Contact	Primary E-mail
--------------------------	------------------	------------------------	-----------------------

Bond Counsel	_____		
--------------	-------	--	--

School District Counsel	_____		
-------------------------	-------	--	--

Disclosure Counsel	_____		
--------------------	-------	--	--

Financial Advisor	_____		
-------------------	-------	--	--

Special Tax Consultant	_____		
------------------------	-------	--	--

Trustee	_____		
---------	-------	--	--

Fiscal Agent	_____		
--------------	-------	--	--

Paying Agent	_____		
--------------	-------	--	--

Dissemination Agent	_____		
---------------------	-------	--	--

Ratings	Rating Firm	Initial Rating
----------------	--------------------	-----------------------

Underlying Rating	_____	
-------------------	-------	--

Bond Insurance Provider	_____	
-------------------------	-------	--

Insured Rating	_____	
----------------	-------	--

Other Credit Enhancement	_____	
--------------------------	-------	--

CONTINUING DISCLOSURE GENERAL MATTERS (continued)

Provisions of Annual Report

File Date as Required by CDA _____

Commencing Date/Fiscal Year _____

Content of Annual Report

Audit Report _____

Requirement 1 _____

Requirement 2 _____

Requirement 3 _____

Requirement 4 _____

Requirement 5 _____

Requirement 6 _____

Requirement 7 _____